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## Relationship Between Early Maladaptive Schemas and Psychological Resilience\*

*Erken Dönem Uyumsuz Şemalar ve Psikolojik Dayanıklılık İlişkisi*

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Assist. Prof. Haydeh Faraji  
Istanbul Aydın University, Science-  
Literature Faculty Psychology  
Department,

[haydehfaraji@aydin.edu.tr](mailto:haydehfaraji@aydin.edu.tr)

ORCID ID

<https://orcid.org/0000-0001-5306-6546>

Kübra Utar

Psychologist, Master Student. / Istanbul  
Rumeli University, Graduate Education  
Institute,

[utarku@mef.edu.tr](mailto:utarku@mef.edu.tr)

ORCID ID

<https://orcid.org/0000-0002-3517-8795>

Nilgün Berfu Boran

Psychologist, Master Student / Istanbul  
Aydın University, Graduate Education  
Institute,

[nilgunboran@stu.aydin.edu.tr](mailto:nilgunboran@stu.aydin.edu.tr)

ORCID ID

<https://orcid.org/0000-0001-7891-8362>

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#### Abstract

Early maladaptive schemas are defined as structures or patterns that develop throughout childhood and adolescence, consist of memories, cognitions, senses, and physical sensations, are dysfunctional, hurt an individual's self-perception and interpersonal relationships, and emerge throughout life (Young et al., 2003). It's also defined as a person's ability to overcome challenges, problems, uncertainties, and a variety of other adversities while still succeeding. The maladaptive schemas that an individual develops during childhood and adolescence can harm the functionality of the individual. Accordingly, psychological resilience is one of the factors that help prevent maladaptive schemas and maladaptive behaviours that develop despite risk factors. As a result, we investigate the link between early maladaptive schemas and psychological resilience, as well as the link between psychological resilience and the age factor. Personal Information Form, Young Schema Questionnaire Short Form 3 (YSQ/S3), Scale Adult Resilience Scale, was applied to the participants. Spearman and Pearson correlation analyzes and Multiple Linear Regression Analysis were used in the process of transforming the data into findings. The participants consist of 319 adults, 217 (%68) women, and 102 men (%32) volunteers. The youngest participant was 18 years old and the oldest 51 years old (M=31, SD=6). According to the findings of study, it has found a negative connection between psychological resilience and early maladaptive schema are "emotional deprivation, social isolation/alienation, defectiveness, emotional inhibition, dependence/incompetence, abandonment, vulnerability to harm or illness, failure to achieve, negativity/pessimism, insufficient self-control/self-discipline, self-sacrifice, punitiveness, unrelenting standards, approval-seeking" sub-dimensions and there is no relationship only between psychological resilience and unrelenting standards. It is seen that the independent variables of nesting/dependence and vulnerability predict the dependent variable of resilience and explain 22% of the total variance. It was observed that the effect of the sub-dimensions of nesting/dependence and vulnerability were negative. It was found that the variable that most explained psychological resilience was nesting/dependence. In addition, it has been determined that psychological resilience is related to the age factor, and as the age level increases, the psychological resilience also increases. Understanding the role of psychological resilience in adults life can help them improve their stress management self-efficacy, psychological well-being and their general quality of life. Also it is thought that understanding the role of early maladaptive schemas on psychological resilience gives clinicians the way to solving problems or maintaining health along with schema therapy.

**Keywords:** Early Maladaptive Schemas, Psychological Resilience, Age

#### Öz

Erken dönem uyumsuz şemalar, çocukluk ve ergenlik boyunca gelişen, anılar, bilişler, duyarlar ve fiziksel duyumlardan oluşan, bireyin işlevsiz olan, benlik algısını ve kişilerarası ilişkilerini zedeleyen ve yaşam boyunca ortaya çıkan yapılar veya örüntülerdir. Psikolojik dayanıklılık kişinin başarılı kalırken, engeller, zorluklar, belirsizlik ve diğer çeşitli olumsuz koşullarla başa çıkma kapasitesi olup bireyin işlevselliğine zarar verebilen uyumsuz şemaların önlenmesine yardımcı olan faktörlerden biridir. Bu nedenle çalışmamızda erken dönem uyumsuz şemalar ile psikolojik dayanıklılık arasındaki ilişki ve psikolojik dayanıklılık ile yaş faktörü arasındaki ilişki incelenmiştir. Katılımcılara, Kişisel Bilgi Formu, Young Şema Ölçeği, Yetişkin Dayanıklılık Ölçeği uygulanmıştır. Ölçeklerden elde edilen verilerin bulgulara dönüştürülmesinde Spearman ve Pearson Korelasyon Analizleri ile Çoklu Doğrusal Regresyon Analizinden faydalanılmıştır. Katılımcılar, 217 (%68) kadın ve 102 erkek (%32) olmak üzere 319 yetişkin gönüllüden oluşmaktadır. En genç katılımcı 18, en yaşlı 51 yaşındadır (E=31, SS=6). Araştırma sonuçlarına göre psikolojik dayanıklılık ile erken dönem uyumsuz şema alt boyutları olan "duygusal yoksunluk, sosyal izolasyon/güvensizlik, kusurluluk, duyguları bastırma, iç içe geçme/bağımlılık, terk edilme, tehditler karşısında dayanıksızlık, başarısızlık, karamsarlık, ayrıcalıklılık/yetersiz öz denetim, kendini feda, cezalandırma, yüksek standartlar, onay arayıcılık" boyutlarında olup, yalnızca psikolojik dayanıklılık ile erken dönem uyumsuz şema alt boyutu olan "yüksek standartlar" arasında ilişki yoktur. Bulgular "iç içe geçme/bağımlılık" ve "tehditler karşısında dayanıksızlık" bağımsız değişkenlerinin, dayanıklılığın bağımlı değişkenini yordadığı ve toplam varyansın %22'sini açıkladığını ortaya koymaktadır. İç içe geçme/bağımlılık ve tehditler karşısında dayanıksızlık alt boyutlarının etkisinin olumsuz olduğu görülmüştür. Psikolojik dayanıklılığı en çok açıklayan değişkenin iç içe geçme/bağımlılık olduğu bulunmuştur. Ayrıca psikolojik dayanıklılığın yaş faktörü ile ilişkili olduğu ve yaş düzeyi arttıkça psikolojik dayanıklılığın da arttığı tespit edilmiştir. Yetişkinlerin yaşamında psikolojik dayanıklılığın rolünü anlamanın, bireylerin stres yönetimi öz yeterliliklerini, psikolojik iyilik hallerini ve genel yaşam kalitelerini geliştirmelerine yardımcı olacağı, ayrıca erken dönem uyumsuz şemaların psikolojik dayanıklılık üzerindeki rolünü anlamak, klinisyenlere şema terapi ile birlikte problem çözme veya sağlığı koruma yolu vereceği düşünülmektedir.

**Anahtar Kelimeler:** Erken Dönem Uyumsuz Şemalar, Psikolojik Dayanıklılık, Yaş

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## INTRODUCTION

Early maladaptive schemas are mental patterns made up of memories, emotions, cognitions, and physical sensations that deal with self-and environment-related beliefs. They develop as a result of a person's unfulfilled basic emotional needs as a child or adolescent, and they occur throughout life. Early maladaptive schemas, stimulate and generate significant negative feelings such as guilt, sadness, fear, or rage when presented with comparable events in adulthood. These negative feelings represent a re-enactment of the emotional anguish that occurred when the schemas were first forming. Schemas can have varying degrees of intensity and prevalence. The higher the number of states activated by a plan, the more severe it is. For example, if a child receives a lot of criticism at a young age, or if both parents are involved in the scenario, this child will interact with individuals who will activate the "Defectiveness" schema in his future life, which will have a negative impact. If the degree of criticism is lower or if only one parent is involved, the likelihood of this schema being reactivated is significantly lower. This schema, for example, will only be triggered when the individual is in the presence of authoritative figures who are the same gender as the self-critical parent. As a result, the more severe the schema, the higher the number of events it will trigger, the more negative consequences it will have, and the longer its effects will last (Young et al., 2003). Therefore, negative perceptions formed in childhood that are no longer valid or compatible continue to exist in adulthood. With these maladaptive schemas that the individual develops, emotional issues and maladaptive behaviours arise, and the person's functionality is damaged to varying degrees (Rafaeli, Bernstein, and Young, 2012). Several research has investigated the link among early maladaptive schemas and psychological issues. In maladaptive schema studies conducted, the depressive disorder was associated with defectiveness, failure, and self-sacrifice schemas (Calvate et al., 2005). In Young's schema theory, there are eighteen schemas under five main headings. In the validity and reliability study for Turkish society, fourteen maladaptive schemas were defined under five main headings. These schemas are deprivation, social isolation/alienation, defectiveness, emotional inhibition, dependence/incompetence, abandonment, vulnerability to harm or illness, failure to achieve, negativity/pessimism, insufficient self-control/self-discipline, self-sacrifice, punitiveness, unrelenting standards, approval-seeking (Soygüt, Karaosmanoglu and Cakir, 2009). Depressive symptoms, disconnection from schema domains, entitlement, abandonment, insufficient and self-control/self-discipline schema domains were shown to have a substantially greater association in research done in Turkey (Konukçu, Akkoyunlu and Türkçapar, 2013). Masten (2001) found that all the people with maladaptive schemas not developing psychopathology. In this view, psychological resilience is one of the characteristics that, despite the risk factor, helps to prevent psychopathology. Besides, psychological resilience is an important mediating factor that reduces the possibility of an individual's psychopathological damage and increases his positivity (Haefel and Grigorenko, 2007). The positive cognition of individuals about themselves, their surroundings and the world create a protective factor against psychological problems by increasing their psychological functionality and making them more durable and psychologically better.

The American Psychological Association defines psychological resilience as "the process and result of successful adaptation to stressful circumstances, particularly with psychological, sentimental, and attitudinal adaptability and flexibility to externally/internally requirements" (APA, 2014). To determine the existence of psychological resilience, two conditions must be met. For instance, firstly stressful events can have an impact on a person's mental health or capacity to function properly. The second is that, in the face of this stressor, people have preserved, regained, and strengthened their health, well-being, and functionality (Lakioti, Stalikas and Pezirkianidis, 2020). Psychological resilience is a process, not an intrinsic trait, that fluctuates and is dependent on the environment (Fröhlich-Gildhoff and Rönnau-Böse, 2015). Fraser, Richman, and Galinsky (1999), defined psychological resilience as the capability to achieve unexpected and positive gains under stressful conditions and to adapt to extraordinary circumstances and events. The psychological resilience capacity of everyone differs from the other in the presence of negative experiences (Masten, 2001). Everyone does not who experiences poor life circumstances or risk factors develops psychopathology, and some may even turn this in to benefit personal development from it in the long term. As a result, it is not necessarily essential to living in negative conditions to develop psychopathology. Besides, psychological resilience works as a buffer, lowering the likelihood of psychopathology while also boosting happiness (Haefel and Grigorenko, 2007). Psychological resilience has a negative connection with early maladaptive schemas. (Majid et al., 2014). A low degree of negative perception is linked to higher psychological resilience and life

enjoyment (Mak et al., 2011). The relation between a person's good self-perception and psychological resilience is positive (Johnson et al., 2010; Keyfitz et al., 2012).

Only a small part of psychological resilience has been studied in groups linked to some of the most significant public health issues. Older adults are one such group. Because this is the stage of life when chronic physical diseases, neurological disorders, and psychological stresses are most common, it might be claimed that establishing and sustaining psychological resilience is the most beneficial at this time (Lamond et al., 2008). Only a few research has looked at the psychological resilience of the elderly. According to one study, individuals who were more ego, less anxious, and didn't feel alone or alienated had a 6 percent reduced mortality rate (Shen and Zeng, 2010). A psychological resilience, according to another study, may be able to counteract the detrimental consequences of illness (Windle et al., 2010). Psychological resilience has been linked to mental health in older individuals (Mehta et al., 2008).

There are several studies in the literature that look at the link between early maladaptive schemas and resilience, as well as the relationship between resilience and age. In a study conducted in Tehran, it was determined that an increase in early maladaptive schemas was associated with a decrease in resilience (Majid et al., 2014). Disconnection and rejection area, impaired autonomy and performance, impaired limits, and other directedness are all schema domains that have been proven to be highly related with resilience. Reza'zad et al. (2015) used a protective work program to increase the resilience of middle school female students with maladaptive schemas. This was a quasi-experimental study that looked at a program that aimed to improve psychological resilience by increasing self-awareness and problem-solving abilities. Students' average scores on 15 different schemas decreased because of the endurance research. As a result, it has been observed that maladaptive schemas are linked to resilience and that such resilience programs help people cope better.

Gooding et al., (2011) examined psychological resilience in elderly individuals (>64 years) with young adults (under 26 years). The individuals were given questionnaires that measured sadness, despair, general health, and psychological resilience. The psychological resilience scale has three subscales: emotional regulation, social support, and problem-solving. According to the findings, elderly people are more resilient than younger people. The older people were the most resilient, especially in terms of problem-solving abilities and emotional control. These findings emphasize the need of retaining resilience about functioning capacities in both young and elderly people, however they also show that resilience is influenced by a variety of psychological processes throughout life. It shows that different psychological processes are linked to lifetime psychological resilience, as well as the need of sustaining psychological resilience about coping capacities in both young and elderly people.

Longitudinal research on the association between cognitive schemas and resilience as well as depressive symptoms has also been published. In three-year research of 965 middle school children, Friedman (2013) looked at the association between positive and negative schemas and psychological resilience. The researchers discovered that people with negative schemas had higher depression ratings in the second part of the study and that early maladaptive schemas were inversely related to psychological resilience. Kids with low negative schemas and high positive schemas, on the other hand, improve their psychological resilience in the second portion, whereas students with high negative schemas and low positive schemas lose their psychological resilience and raise their depression scores. As a result, negative cognitive schemas, which are a major risk factor for depression, are thought to decrease positive functionality by activating negative self-beliefs. "Self-efficacy" was shown to be the most connected with psychological resilience among the positive schemas in the study. Social isolation, insecurity/ abuse, emotional deprivation, dependence/inadequacy, intolerance in the face of disease and threats, fault/shame, greatness, and failure were the early maladaptive schemas that best predicted depressive symptoms and psychological resilience.

The goal of this research is to look at the relationship between early maladaptive schemas and psychological resilience, as well as the relationship among psychological resilience and age. Accordingly, the hypothesis of this study is that early maladaptive schema sub-dimensions and psychological resilience have a substantial and negative association, while psychological resilience and age have a large and positive association.

## METHOD

### Subjects

The participants consist of 319 adults, 217 (%68) women, and 102 men (%32) volunteers. The age range of the 319 participants in the experiment was analysed and it is found that the youngest participant was 18 years old and the oldest 51 years old ( $M=31$ ,  $SD=6$ ). The majority of the survey participants graduated from university (56,1%). 65 participants graduated from high school (20,4%), 31 participants graduated from associate degree (9,7%) and 34 participants graduated from master's degree (10,7%). 10,3% had poor income, 62,7% had medium income, 27% had a good income, 34,8% had 1 sibling, 27,9% had 2 siblings, 15,7% had 3 siblings, 6,3% had 4 siblings. siblings, 6% have more than 4 siblings, 38,6% are married, 61,4% are single, 65,8% have no children, 21,9% have 1 child, 11,3% have 2 children, 0,6% They have 3 children, 0,3% have 4 children.

### Design and Procedure

The study started after obtaining the ethics committee approval of Istanbul Aydin University. The research was conducted as an online questionnaire and each participant participated in the study using their own computer or phone as the material. The study is entirely voluntary no participant has gained payment or anything extra when participating in the study. Necessary information was given to participants in the study before the experiment and the permission required to share the data was obtained from all participants. Before starting, the participants were informed about how to conduct the questionnaire and all participants to approve a document that they agreed to participate in the study and they informed that their data could be used. The study consists of; Personal Information Form, the Adult Resilience Scale, and the Young Schema Questionnaire Short Form 3 (YSQ/S3). According to the results of the normality analysis performed on the Resilience and Schema Scale, the values are seen to be between 2 and +2. George and Mallery determined that skewness and kurtosis values around -2 and +2 were sufficient for a normal distribution (2010). The study conducted as relational research and for quantitative data analysis SPSS 17 (SPSS, 2010) used. Spearman and Pearson correlation analyzes and Multiple Linear Regression Analysis were used in the process of transforming the data into findings.

### Materials

#### Questionnaire

Within the scope of the study, three different measuring instruments were utilized as data collecting techniques. These measurement tools are Personal Information Form, Young Schema Questionnaire (YSQ/S3), Resilience Scale for Adults (RSA).

#### Personal Information Form

The Personal Information Form examines the individual's age, gender, educational status, income, number of siblings, marital status, and number of children.

#### Young Schema Questionnaire Short Form 3 (YSQ/S3)

The Young Schema Questionnaire Short Form 3 (YSQ/S3), developed by Jeffrey E. Young (1990, 2003) is a 90-item (five items evaluating each component) scale covering the schema domain and 18 schema dimensions. It was created to assess maladaptive schemas that emerge early in life. Each item is rated on a 6-point Likert-type scale (1 = Totally wrong for me, 6 = Describes me perfectly). The validity and reliability studies of the short form of the scale in Turkey were carried out by Soygüt et al., (2008). The variables explained 49.11% of the total variation in research on the construct validity of the scale. The scale's internal consistency coefficient (Cronbach Alpha=.95) was determined to be fairly high. The scale's subscales have internal consistency coefficients ranging from .54 to.85.

#### Resilience Scale for Adults (RSA)

Friborg et al. (2005) created the Resilience Scale for Adults (RSA), which Basım and Çetin translated into Turkish (2011). The measure has 33 items for investigating psychological resilience. The scale has six dimensions: Structural style, future perspective, social resources, social competency, family harmony, self-perception, and social resources. The higher this score, the more resilient is. Between the two responses on the scale is a marking area with five distinct boxes. The participants are asked to highlight the gap closest to the side they believe is suitable, as well as which of the statements they agree with and to what extent they agree with the gaps in the items. Confirmatory factor analysis was employed in the scale's validity studies, and the six-component structure explained 57 % variance. Internal consistency values because of the scale's dependability were determined to be 0.80 for 'Self Perception,' 0.75 for 'Future Perception,' 0.82 for 'Social Competence,' 0.86 for 'Family Cohesion,' 0.84 for 'Social Resources,' and 0.76 for 'Structural Style' (Friborg et al., 2005).

**Ethics Committee Approval Information**

The study started after obtaining the ethics committee approval of Istanbul Aydin University (No. 2022/03).

Board Name : Istanbul Aydin University Ethics Commission

Decision Date : 28.02.2022

Number of Documents : E-88083623-020-42975

**RESULT**

**Table 1:** Findings of the Analysis of the Relationship Between the Young Schema Scale and the Resilience Scale for Adults

	Adult Resilience Scale	Self Perception	Future Perception	Structural Style	Social Competence	Family Reconciliation	Social Resources
Emotional Deprivation	-.160**	-.177**	-0.103	-0.104	-.127*	-.159**	-.118*
Social Isolation/ Alienation	-.350**	-.321**	-.239**	-.277**	-.337**	-.268**	-.293**
Defectiveness	-.322**	-.270**	-.270**	-.274**	-.280**	-.264**	-.258**
Emotional Inhibition	-.271**	-.231**	-.207**	-.241**	-.244**	-.230**	-.211**
Dependence/ Incompetence	-.440**	-.434**	-.301**	-.322**	-.381**	-.360**	-.372**
Abandonment/Instability	-.243**	-.274**	-.152**	-.166**	-.188**	-.155**	-.237**
Vulnerability to harm or Illness	-.361**	-.300**	-.263**	-.304**	-.347**	-.308**	-.289**
Failure to achieve	-.377**	-.368**	-.261**	-.287**	-.334**	-.303**	-.312**
Negativity/Pessimism	-.235**	-.195**	-.156**	-.140*	-.264**	-.253**	-.167**
Insufficient Self Control/Self Discipline	-0.050	-0.029	-0.037	-0.050	-0.043	-.129*	0.009
Self Sacrifice	-.185**	-.143*	-.124*	-.112*	-.188**	-.163**	-.179**
Punitiveness	-.150**	-.137*	-0.105	-.164**	-.129*	-.120*	-0.105
Unrelenting standards/Hypercritical ness	-0.065	-0.082	-0.038	-0.042	-0.051	-0.095	-0.024
Approval Seeking/Recognition Seeking	-.218**	-.251**	-.113*	-.138*	-.186**	-.159**	-.201**

\*\* $p < 0.01$ , \* $p < 0.05$  Test used: Pearson Correlation Test

The study's premise was that negative schemas sub-dimensions and resilience had a negative relationship. Additionally, psychological resilience and the participants' age have a positive and significant association. According to the study's findings, there is a negative association between emotional deprivation, a sub-dimension of the Schema Scale, and Adult Resilience scale scores ( $r = -.160$ ,  $p < 0.01$ ) (see table 1). Adult resilience scores are negatively related to social isolation/alienation, a sub-dimension of the schema scale ( $r = -.350$ ,  $p < 0.01$ ) (See table 1). The adult resilience scale scores have a negative connection with defectiveness, which is a sub-dimension of the schema scale ( $r = -.322$ ,  $p < 0.01$ ) (See table 1). Emotional inhibition, a sub-dimension of the schema scale, has a strong and negative association with the adult resilience scale scores ( $r = -.271$ ,  $p < 0.01$ ) (see table 1). The adult resilience scale ( $r = -.440$ ,  $p < 0.01$ ) scores have a strong and negative association with the sub-dimension of the schema scale, dependence/incompetence (See table 1). For adults, there is a strong negative association between abandonment/instability, a sub-dimension of the schema scale, and resilience scale scores ( $r = -.440$ ,  $p < 0.01$ ) (See table 1). Vulnerability to harm or illness, a sub-dimension of the schema scale, and adult resilience scale scores had a substantial and negative connection ( $r = -.361$ ,  $p < 0.01$ ) (See table 1). Failure to achieve, which is a sub-dimension of the schema scale, has a strong and negative connection with adult resilience scale scores ( $r = -.377$ ,  $p < 0.01$ ) (See table 1). Negativity/pessimism, a sub-dimension of the schema scale, has a strong and negative connection with adult resilience scale scores. ( $r = -.235$ ,  $p < 0.01$ ) (See table 1). Insufficient self-control/self-discipline, a sub-dimension of the schema scale, has a

strong and unfavourable connection with adult resilience scale scores ( $r = -.129, p < 0.01$ ) (See table 1). Self-sacrifice, a sub-dimension of the schema scale, and resilience scale scores for adults have a strong and negative connection ( $r = -.185, p < 0.01$ ) (See table 1). Punitiveness, a sub-dimension of the schema scale, has a strong and negative connection with adult resilience scale scores ( $r = -.150, p < 0.01$ ) (See table 1). There was no significant association between unrelenting standards/hypercriticalness, a sub-dimension of the schema scale, and adult resilience scale scores. For adults, approval-seeking/recognition-seeking, a sub-dimension of the schema scale, has a substantial and negative connection with resilience scale scores. ( $r = -.218, p < 0.01$ ) (See table 1).

**Table 2:** Findings of the Prediction of Resilience by Early Adjustment Disorder Schemas

	<i>B</i>	<i>SH</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	140.79	3.76		37.47	0.000*
Dependence/ Incompetence	-1.02	0.17	-0.35	-6.02	0.000*
Vulnerability to harm or illness	-0.91	0.28	-0.19	-3.27	0.001*
<i>R</i> = .47 <i>R</i> <sup>2</sup> = .22					
<i>F</i> = 44.62 <i>p</i> = 0.000					

\* $p < 0.05$  Test used: Multiple Linear Regression Analysis

In the regression model of the Stepwise method, subscales that were not predictive were eliminated and the most appropriate regression model was obtained. When we control the findings, it is seen that the independent variables of enmeshment/dependence and vulnerability predict the dependent variable of psychological resilience ( $R^2 = .22, p < 0.05$ ). The independent variables in the model explain 22% of the total variance in the resilience dependent variable. The relative order of influence according to beta is enmeshment/dependence ( $\beta = -.35$ ), vulnerability ( $\beta = -.19$ ). It has been observed that the effect of the subscales of enmeshment/dependence, and vulnerability are negative. It was found that the variable that most explains psychological resilience is enmeshment/dependence (see table 2).

**Table 3:** The Relationship Between Age and the Adult Resilience Scale

	<b>Age</b>
Adult Resilience Scale	.165**
Self Perception	.158**
Future Perception	.130*
Structural Style	0.080
Social Competence	.189**
Family Reconciliation	.140*
Social Resources	.120*

\*\* $p < 0.01$ , \* $p < 0.05$  Test used: Pearson and Spearman Correlation Test

Besides, according to the findings of the study, there is a significant and positive relationship between the resilience scale for adults and the age of the participants. ( $r = .165, p < 0.01$ ) (see table 3).

## DISCUSSION

The link between psychological resilience, which has gained prominence in the psychology field in recent years, and early maladaptive schemas, a cognitive risk factor, was investigated in the study. We predicted that early maladaptive schema sub-dimensions and psychological resilience had a significant and negative relationship, according to our prediction. However, based on the findings of the current research, our hypothesis was supported except for the unrelenting standards/hypercriticalness sub-dimension scheme. This research indicated that most of the schemas predicted resilience. The current study's findings, that are sub-dimensions of early maladaptive schemas; a significant and negative relationship between social isolation/alienation, vulnerability to harm or illness, emotional deprivation, failure to achieve, negativity/pessimism, emotional inhibition, approval-seeking/recognition seeking, insufficient self-control/self-discipline, self-sacrifice, abandonment/instability, punitiveness, dependence/incompetence, and defectiveness and psychological resilience that it is. Thus, as the level of

vulnerability to harm or illness, negativity/pessimism, emotional deprivation, failure to achieve, social isolation/alienation, emotional inhibition, approval-seeking/recognition seeking, dependence/incompetence, insufficient self-control/self-discipline, self-sacrifice, abandonment/instability, punitiveness, and defectiveness increases, the level of psychological resilience of peoples decreases.

Individuals with strong levels of psychological resilience have high psychological well-being and a low risk of depression. Positive self-perception is also crucial for psychological resilience. However, when autonomy was compromised, psychological resilience was only able to avoid the occurrence of depression symptoms to a limited extent, and depressed symptoms persisted even if they were long-lasting. Psychological resilience can be improved in treatment by addressing schemas such as diminished autonomy, rejection, and shattered boundaries (Sağ and Bilican, 2020). However, according to the current study, no relationship was found between unrelenting standards/hypercriticalness, which is the early maladaptive schema sub-dimension, and resilience. This schema area includes schemas such as Unrelenting standards/hypercriticalness and Approval Seeking. Individuals with unrelenting standards/hypercriticalness schema often criticize themselves and their environment, so they experience difficulties in relaxation, slowing down, and enjoying (Young, 2003). Therefore, although this schema is expected to have a negative relationship with mental health, it is seen that unrelenting standards/hypercriticalness do not always lead to negative results in studies examining multidimensional perfectionism (Dunkley et al., 2003, Ma, 2011). When looking at the unrelenting standards/hypercriticalness schema questions, they include items such as goal setting ("I must be the best at most things I do; I cannot accept being second", "I find it very difficult to be told no when I ask for something from other people," and "I must do my best, I can't settle for "good enough"). Although it is maladaptive, having unrelenting standards/hypercriticalness can contribute to a more active and problem-focused coping capacity and psychological resilience, it is also harmful since it increases stress levels (Dunkley et al., 2000). Considering these findings, the fact that unrelenting standards/hypercriticalness are not negatively linked with psychological resilience may be explained, despite the existence of a maladaptive schema. Approval-seeking schema, defined as an excessive focus on gaining others' attention and approval, appears to be a maladaptive schema because it involves putting one's own needs in the background, shaping one's self-perception according to others' approval and love, and suppressing one's own emotions for harmony (Young et al., 2003). In this study, it is anticipated to have a negative relationship with psychological resilience. This system, on the other hand, contains adaptable aspects such as unrelenting standards/hypercriticalness (Young et al., 2003). People with this schema give "temporary" gratification and secondary benefit since they know how to influence people, acquire favour, and readily adjust to their surroundings. This schema has been noticed in persons who are exceptionally successful and prominent in their profession, or it has been said that people with this schema are readily confused with healthy people (Young et al., 2003). As a result, even though it is defined as deceptive or transient (Young et al., 2003), it is considered that this schema may not have a detrimental impact on psychological resilience since it promotes pleasure, adaptability, and well-being.

As far as we have researched, there is no study in the Turkish literature that looks at early negative schemas and psychological resilience. However, the research by Erarslan (2014), which looked at the role of the cognitive triad as a mediator in the relationship between psychological resilience, depressive symptoms, and life satisfaction in university students, comes the closest to these characteristics. According to Erarslan, Beck's (1987) cognitive model is as follows: Schemas, cognitive mistakes, the cognitive triad, and automatic thinking are all important factors in the development of depression. The schemas that create depression, which include rigid and absolute views toward the self and its interaction with the environment, lead to cognitive errors on the route to depression, and subsequently to unpleasant, unrealistic, and excessively distorted mental perceptions. As a result, the cognitive triad, or the inclination to see oneself, the world, and the future negatively, is a factor that sets the stage for depression. According to the findings of this study's regression analysis, students' psychological resilience promotes life satisfaction by reducing depressive symptoms and collection of quality self-, world-, and future-perceptions. As a result, while psychological resilience improves life satisfaction, positive cognitions have a key role in lowering depression ratings. He discovered a link between depression mean scores and cognitive triad scores that were both positive and significant (positive perception of himself, the world, and the future). The cognitive triad and dysfunctional ideas were found to have a negative association. According to the results of the above findings, negative cognitions and schemas have a detrimental impact on resilience and mental health, but in the presence of

a protective factor, the person's psychological resilience may improve, lowering the chance of developing psychopathology. Furthermore, the positive perception was found to be favourably connected to psychological resilience and to contribute to mental health.

When we look at the studies conducted abroad, we may find studies on the link between psychological resilience and early maladaptive schemas in clinical samples. Eva, Katalin, and Ildiko (2013) looked at the link between psychological resilience and early maladaptive schemas in people with emotional dependency and borderline personality disorder and compared the results to a healthy group. As a result, those who are emotionally reliant have both early maladaptive schemas and low resilience. Dependence/Incompetence, Failure to achieve, and Enmeshment/Undeveloped Self were negatively associated with the "Impaired Autonomy/Performance" sub-dimension; Dependence/Incompetence, Failure to achieve, and Enmeshment/Undeveloped Self were negatively associated with the "Disconnection/Rejection" sub-dimension; Social Isolation/Alienation, Failure to Achieve with the "Social Support" sub-dimension; and the "Insufficient Self-control/Self-Discipline" sub-dimension was negatively associated with the Dependence/Incompetence, Defectiveness, and Enmeshment/Undeveloped self-schemas. The Schemes of Dependence, Enmeshment/Undeveloped self, and Failure to Achieve, stand out as being adversely connected to psychological resilience. The findings of these research support the findings of the current study. In addition to these findings, it will be critical to increase the number of studies on psychological resilience, particularly those based on "early maladaptive schemas," and to re-examine these schemas with various samples.

According to our second hypothesis, we assumed a positive and significant connection between the age levels of the participants and psychological resilience, and our hypothesis was supported according to the results of the current research. Positive and significant relationship was found among the age levels of individuals and psychological resilience. It has been found that as the age levels of the individuals' increase, the psychological resilience levels will also increase. Despite the fact that levels of psychological resilience in older people differ based on the populations studied and the scale used to assess it, there is widespread agreement that increasing psychological resilience is linked to growing older (Gooding et al., 2011). Herrman et al., (2011) defined psychological resilience, is the ability to maintain or restore mental health in the face of adversity and obstacles. When the elderly are stressed, one of the abilities they employ is adaptation. The elderly strives to adapt by changing their perspective on their circumstances, embracing their illness, and hoping for better days (Kuria, 2012). Besides, the rate of psychopathology among older individuals is lower than in the general population (Färber, F. and Rosendahl, J. 2020). The idea of "the dilemma of personal well-being," which claims that mental well-being levels stay consistent throughout time despite losses associated with aging, is connected to the occurrence of high levels of psychological resilience in later life (Kunzmann et al., 2000). These qualities of advanced age are said to be related to the fact that advanced age is linked to gains in knowledge and learning via experience, which manifest as strong traits like self-confidence, decision-making autonomy, and life management competence (Hayman et al., 2017). Affective reactions in elderly people are often less strong than in younger people, indicating that they have learned to regulate their emotions (Birdits et al., 2014). People in their eighties and nineties report they are satisfied and have a feeling of purpose in life. They are anxious about unanticipated health deterioration as well as the loss of independence or personal control, and their perceptions of stress or risky situations differ considerably from those of younger age groups. (Hayman et al., 2017).

It is feasible to find studies on the association between psychological resilience and age while searching studies conducted in Turkey. Erdener (2019) in his study on the analysis of resilience and secondary traumatic stress levels of professionals working in the field of disasters stated that as the age of the participant's increases, their resilience levels increase, and as the age of the participant's decreases, their resilience levels decrease. The psychological resilience levels of married and divorced persons vary statistically substantially according to the age variable, according to research was done by Yaşayanlar (2018) on the comparison of psychological resilience of married and divorced individuals. The conclusions of these investigations are consistent with the study findings. Gökmen (2014) reported that the participants' psychological resilience levels did not differ substantially by age in his study on the link among psychological resilience and work life quality among special education school administrators. Alibekiroğlu (2017) observed that the participants' psychological resilience levels did not vary significantly with age in his study on the mediating influence of self-understanding on the relationship

between life satisfaction and resilience in university students. The conclusions of these studies contradict the present study's findings.

When looking for studies done in other countries, we can find studies on the association among psychological resilience and age. It is thought that the limited number of studies may have created a limitation at this point. In a study investigated by Young adults under the age of 26 and adults beyond the age of 64 were compared in terms of r psychological resilience by Gooding et al. (2012). Therefore, older individuals were shown to be more resilient, particularly in terms of emotion control and problem-solving, whereas younger adults showed more social support resilience. These findings show parallelism with the findings of the research. Maddi et al. (2006), in their study on the personality structure of resilience, revealed that the participants' psychological resiliency levels did not differ according to age. Driver et al. (2016) in a study conducted to examine the determinants of psychological resilience in patients hospitalized for 3 months due to spinal cord injury, stated that the participants' psychological resiliency levels did not differ according to the age variable. These findings do not show parallelism with the findings of the study.

Based on the above theoretical findings, this study reveals that early maladaptive schema sub-dimensions and psychological resilience have a substantial and negative relationship, while resilience and age have a strong and positive link.

#### **Limitations**

In the current research, there are several limitations. First, the current research was designed in a cross-sectional manner. In future research, longitudinal designs will be crucial in determining the extent to which durability and its connection to age are meaningful. Second, since the research sample is limited to adults aged 18-51, it may not be possible to generalize to other age groups. Third, the study did not compare between younger individuals and a group of older individuals. The age frequency of the participants differed from each other, and their percentages were different and unequal age groups can affect the result. Fourth, the different categorization of some schemas in the schema domains in the Turkish version of the Young Schema Questionnaire Short Form 3 (YSQ/S3) makes it difficult to compare international literature and research data. Fifth, there were not enough research in the literature examining the relation between psychological resilience and the age factor.

#### **Implications**

It is thought that examining the mediating role of psychological resilience in the relationship between early maladaptive schemas and resilience and examining the relationship between psychological resilience and age may contribute to the literature. Consistent with previous studies, it has been shown that early maladaptive schemas play an important role in psychological resilience and that psychological resilience is associated with the age factor. It is critical for healthcare providers to understand the significance of psychological resilience in the development of successful and healthy people. Understanding the role and patterns of psychological resilience in adults can help them improve their stress management self-efficacy, psychological well-being and their general quality of life. Also understanding the role of early maladaptive schemas on psychological resilience gives clinicians the way to solving problems or maintaining health along with schema therapy.

#### **Authorship Contribution**

Subject of study was determined by Assist. Prof. Haydeh Faraji and the study was prepared in collaboration with all authors.

#### **Ethics Committee Approval Information**

The study started after obtaining the ethics committee approval of Istanbul Aydin University (No. 2022/03).

Board Name : Istanbul Aydın University Ethics Commission

Decision Date : 28.02.2022

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#### **REFERENCES**

Ak, M.; Lapsekili, N.; Hacıömeroğlu, B.; Sütcigil, L. and Türkçapar, M. H. (2012). Early Maladaptive Schemas in Bipolar Disorder. *Psychology and Psychotherapy: Theory, Research and Practice*. 85(3), 260-267.

- Alibekiroğlu, P.; Akbaş, T.; Bulut Ateş, F. and Kırdök, O. (2018). The Mediating Effect of Self-Understanding on the Relationship Between Life Satisfaction and Resilience in University Students. *Çukurova University Journal of Social Sciences Institute*, 27(2), 1-17.
- American Psychological Association (2014). *The Road to Resilience*. Washington DC: American Psychological Association. <http://www.apa.org/helpcenter/road-resilience.aspx> (Accessed: 20.09.2021)
- Basim, H.N. and Cetin, F. (2011). The Reliability and Validity of the Resilience Scale for Adults-Turkish Version. *Turk Psikiyatri Derg*, 22(2), 104- 114.
- Beck A.T.; Rush A.J.; Shaw B.F. and Emery G. (1987). “*Cognitive Therapy of Depression*”. New York: The Guilford Press.
- Birditt K. S. (2014). Age Differences in Emotional Reactions to Daily Negative Social Encounters. *The Journals of Gerontology. Series B, Psychological Sciences And Social Sciences*, 69(4), 557–566.
- Calvete, E., et al. (2005). The Schema Questionnaire Short form: Structure and Relationship With Automatic Thoughts and Symptoms of Affective Disorders. *European Journal of Psychological Assessment*, 21(2), 90-99.
- Driver, S.; Warren, A.M.; Reynolds, M.; Agtarap, S.; Hamilton, R.; Trost, Z. and Monden, K. (2016), Identifying Predictors of Resilience at Inpatient and 3-Month Post-Spinal Cord Injury. *The Journal of Spinal Cord Medicine*, 0(39), 77-84.
- Dunkley, D. M.; Blankstein, K. R.; Halsall, J.; Williams, M. and Winkworth, G. (2000). The Relation Between Perfectionism and Distress: Hassles, Coping, and Perceived Social Support As Mediators and Moderators. *Journal of Counseling Psychology*, 47(4), 437–453.
- Dunkley, D. M.; Zuroff, D. C. and Blankstein, K. R. (2003). Self-Critical Perfectionism and Daily Affect: Dispositional and Situational Influences on Stress and Coping. *Journal of Personality and Social Psychology*, 84(1), 234–252.
- Erarslan, O. (2014). Examining the Mediating Role of Self-Esteem, Positive Worldview and Hope in the Relationship Between Resilience, Depressive Symptoms and Life Satisfaction in University Students, (Unpublished Master’s Thesis), (Advisor: Assoc. Prof. Dr. Sedat Işıklı), Ankara: Hacettepe University, University, Institute of Social Sciences.
- Erdener, M. (2019). Investigation of Psychological Resilience and Secondary Traumatic Stress Levels of Professionals Working in the Field of Disaster, (Master’s Thesis), (Advisor: Assoc. Prof. Dr. Ercüment Erbay Ankara, Hacettepe University, Institute of Social Sciences.
- Eva, K.; Katalin, B. and Ildiko, K. (2015). Resilience and Early Maladaptive Schemas Among Codependent, Borderline, and Healthy Individuals. *Alkalmazott Pszichologia*, 15(1), 111- 127.
- Färber, F. and Rosendahl, J. (2020). Trait Resilience and Mental Health in Older Adults: A Meta-Analytic Review. *Personal. Ment. Health*, 0(14), 361–375.
- Fraser, M. W.; Richman, J. M. and Galinsky, M. J. (1999). Risk, Protection and Resilience: Toward A Conceptual Framework for Social Work Practice. *Social Work Research*, 23(3), 131-143.
- Friborg, O.; Barlaug, D.; Martinussen, M.; Rosenvinge, J. H. and Hjemdal, O. (2005). Resilience in Relation to Personality and Intelligence”. *International Journal of Methods in Psychiatric Research*, 14(1), 29–42.
- Fröhlich, G. K. and Rönnau B. M. (2015). *Resilience and Resilience Promotion Over the Lifespan*. Kohlhammer Stuttgart. München Basel: Erst Reinhardt Verlag.
- George, D. and Mallery, M. (2010). *SPSS for Windows Step by Step: A Simple Guide and Reference*, 17.0 Update (10a ed.) Boston: Pearson.
- Gokmen, B. (2014). Examination of the Relationship Between Psychological Resilience and Job Satisfaction of Special Education School Administrators (Istanbul Example), (Master Thesis), (Advisor: Assoc. Prof. Dr. Birsen Ekinçi Guzel), Istanbul: Istanbul Aydın University, Institute of Social Sciences.
- Gooding, P. A.; Hurst, A.; Johnson, J. and Tarrier, N. (2011). Psychological Resilience in Young and Older Adults. *International Journal of Geriatric Psychiatry*, 27(3), 262–270.
- Haefffel, G. J. and Grigorenko, E. L. (2007). Cognitive Vulnerability to Depression: Exploring Risk and Resilience. *Child and Adolescent Psychiatric Clinics of North America*, 0(16), 435-448.
- Harris, A. E. and Curtin, L. (2002). Parental Perceptions, Early Maladaptive Schemas, and Depressive Symptoms in Young Adults. *Cognitive Therapy and Research*, 26(3), 405–416.

- Hayman, K. J.; Kerse, N., & Consedine, N. S. (2017). Resilience in Context: The Special Case of Advanced Age. *Aging & Mental Health*, 21(6), 577–585.
- Herrman, H.; Stewart, D. E.; Diaz-Granados, N.; Berger, E. L.; Jackson, B. and Yuen, T. (2011). What is Resilience?. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 56(5), 258–265.
- IBM Corp. Released (2017). IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.
- Jazayeri, M.; Vatan Khah, H. and Badiei, M. (2014). The relationship Between Defense Styles and Early Maladaptive Schemas With Resilience in Boy Students of High School in Tehran City. *Thoughts and Behavior in Clinical Psychology*, 8(30), 7-16.
- Johnson, J.; Gooding, P. A.; Wood, A. M. and Tarrier, N. (2010). Resilience as Positive Coping Appraisals: Testing the Schematic Appraisals Model of Suicide (SAMS). *Behaviour Research and Therapy*, 48(3), 179–186.
- Keyfitz L.; Lumley M. N.; Hennig K. H. and Dozois D. J. A. (2012). The Role of Positive Schemas in Child Psychopathology and Resilience. *Cognitive Therapy Research*, 0(1), 97-108.
- Kunzmann, U.; Little, T. D. and Smith, J. (2000). Is Age-Related Stability of Subjective Well-Being A Paradox? Cross-Sectional and Longitudinal Evidence From the Berlin Aging Study. *Psychology and Aging*, 15(3), 511–526.
- Kuria W. (2012). Coping With Age Related Changes in the Elderly, (Thesis), Glenside: Arcadia University of Applied Sciences.
- Lakioti, A.; Stalikas, A. and Pezirkianidis, C. (2020). The Role of Personal, Professional, and Psychological Factors in Therapists' Resilience. *Professional Psychology: Research and Practice*, 51(6), 560–570.
- Lamond, A. J.; Depp, C. A.; Allison, M.; Langer, R.; Reichstadt, J.; Moore, D. J.; Golshan, S.; Ganiats, T. G. and Jeste, D. V. (2008). Measurement and Predictors of Resilience Among Community-Dwelling Older Women. *Journal of Psychiatric Research*, 43(2), 148–154.
- Ma, D. (2011). *Self-Criticism and Personal Standards Dimensions of Perfectionism and Subjective Well-Being Over Three Years: The Mediating Role of Basic Psychological Needs*. Canada: McGill University.
- Maddi, S. R.; Harvey, R. H.; Khoshaba, D. M.; Lu, J. L.; Persico, M. and Brow, M. (2006). The Personality Construct of Hardiness, III: Relationships With Repression, Innovativeness, Authoritarianism, and Performance. *Journal of Personality*, 74(2), 575-598.
- Mak, W. W.; Ng, I. S. and Wong, C. C. (2011). Resilience: Enhancing Well-Being Through the Positive Cognitive Triad. *Journal of Counseling Psychology*, 58(4), 610–617.
- Markland, D. A.; Windle, G.; Woods, R. T. and Markland, D. (2010). Living With Ill-Health in Older Age: The Role of a Resilient Personality. *Journal of Happiness Studies*, 11(6), 763-777.
- Masten, A. S. (2001). Ordinary Magic: Resilience Processes in Development. *American Psychologist*, 56(3), 227–238.
- Mehta, M.; Whyte, E.; Lenze, E.; Hardy, S.; Roumani, Y.; Subashan, P.; Huang, W. and Studenski, S. (2008). Depressive Symptoms in Late Life: Associations With Apathy, Resilience and Disability Vary Between Young-Old and Old-Old. *International Journal of Geriatric Psychiatry*, 23(3), 238–243.
- Reza'zad, M. B.; Mohammadi, A. Z. and Niosha, B. (2015). Effect of Resiliency Training on Incompatible in Secondary School Girl Students of 2013-2014 Academic Years in Tehran. *DU. Journal of Humanities and Social Sciences*, 8(1) 261-276.
- Sağ, B. and Bilican, F. I. (2020). The Mediating Role of Resilience in the Relationship Between Cognitive Factors and Depressive Symptoms and Well-Being. *Current Approaches in Psychiatry*, 0(12), 149-164.
- Shen, K. and Zeng, Y. (2010). The Association Between Resilience and Survival Among Chinese Elderly. *Demographic Research*, 23(5), 105–116.
- Soygüt, G.; Karaosmanoğlu, A. and Çakır, Z. (2009). Evaluation of Early Maladaptive Schemas: A Review of the Psychometric Properties of the Young Schema Scale Short Form 3. *Turkish Journal of Psychiatry*, 20(1), 75-84.
- Windle, G.; Woods, R. T. and Markland, D. A. (2010). Living With Illhealth in Older Age: The Role of A Resilient Personality. *J Happiness Study*, 0(11), 763-777.
- Young, J. E. (2003). *Young Parenting Inventory -1 (YPI-1)*. New York: Cognitive Therapy Centre.

- Young, J. (1990) *Cognitive Therapy for Personality Disorders: A Schema –Focused Approach* Sarasota, FL: Professional Resource Press.
- Young, J. E.; Klosko J. S. and Weishaar, M. E. (2003). *Schema Therapy: A Practitioner's Guide*. New York: The Guilford Press.
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